IPDR6702	!			NORTH CAROLINA		PA	GE: 1	
	: 04/05/2004		I	PRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 04/06/2004				
			1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	11	406	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SAS			DATE				
		24	3	PROCEDURE CODE, PROCEDURE/MODI	1	411	704	293
				FIER COMBINATION OR PROCEDURE		411	704	23.
				CODE/TYPE OF SERVICE COMBINATI				
		8632	1	SIX OCCURRENCES OF AMAO SERVIC				
				ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
				IS REQUIRED FOR ADDITIONAL SER				
3404902	BLUE RIDGE COMM	21	625	DUPLICATE OF CLAIM-SYSTEM				
3101302	UNITY							
		191	441	CLIENT ID NUMBER DOES NOT MATC	83	1662	1830	168
				H PATIENT NAME		1		
				-				
		8599	427	DETAIL NOT COVERED BY COMBINAT		-		
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8599	447	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	285	CLAIM DENIED DUE TO INSUFFICIE	100	1029	3600	2669
				NT BUDGET	100	1029	3698	2009
		8000	110	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404905	MDWND COLOR MINIS	8599	270	DETAIL NOT COVERED BY COMBINAT				
3101303	TREND COMM MENT AL HLTH CTR	0333	2.70	ION OF RECIPIENT, PROVIDER AND				
	AL IILIII CIK			BENEFIT PACKAGE.				
		120	10	CLIENT ID NUMBER MISSING OR IN	0	282	493	211
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
		5101	-	OV/PCODE/TOS/DOS/MOD				
3404907	RUTHERFORD-POLK	21	212	DUPLICATE OF CLAIM-SYSTEM				
		1	1	1		1		
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE			682	308
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	92	374		
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	92	374		
		8931	92		92	374		
		8931	92	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC	92	374		
				RVICES IN IPRS.	92	374		
				RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC	92	374		
3404910		191	33	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	92	374		
3404910	PATHWAYS			RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	92	374		
3404910	PATHWAYS	191	33	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	92	374		
3404910	PATHWAYS	191	33	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	92	374		
3404910	PATHWAYS	191	33	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	92		9123	
3404910	PATHWAYS	191	7089	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
3404910	PATHWAYS	191	7089	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,				
3404910	PATHWAYS	191 8505	7089	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404910	PATHWAYS	191	7089	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE				1584
3404910	PATHWAYS	191 8505	7089	RVICES IN IPRS. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

PROVIDER		HITCH DENITAT	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NORDEN	PROVIDER NAME	E0B3	DENTALS	DESCRIFITON	DENIALS	DENIALS	FINALIZED	PAID
3404912	CATAWBA COUNTYM	8505	37	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE	0	38	39	3
				DATE				
3404913	MECKLENBURG COM	120	1183	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8599	1153	DETAIL NOT COVERED BY COMBINAT	1779	6769	24963	18194
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	889	ASTNC INELIGIBLE TO RECEIVE SE				
		0333	003	RVICES IN IPRS.				
3404916	CROSSROADS BEHA	8599	65	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.	1			
		2000						
		8000	64	NO RATE AVAILABLE ON FILE TO P	8	345	4702	4357
		+	1	RICE THIS CLAIM DETAIL	1			
		+	-					
		191	54	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404917	CENTERPOINT HUM	8599	323	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	293	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	237	1325	4347	3022
				NI BUDGEI				
		8935	122	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	8505	1032	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		11	350	CLIENT NOT ELIGIBLE ON SERVICE				
		11	330	DATE	41	1860	3527	1667
		8502	153	CLAIM DENIED DUE TO INSUFFICIE				
				NT ALLOTMENT				
					1			
3404919	GUILFORD CO MEN	8505	3357	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC	+	1	NT BUDGET	1			
		+	1					
		8800	420	FURTHER PROCESSING NECESSARY,	350	4010	6000	2022
			-20	PLEASE CHECK FOR CLAIM ON	359	4812	6908	2096
		+	+	FUTURE RA'S.				
		8599	373	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
240405		0505	2002	OLANA PRIMARA BUR MA AVAILABLE				
3404920	ALAMANCE CASWEL	8505	7653	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D	+	1	WI BODGEI	1			
		+	-					
		8800	582	FURTHER PROCESSING NECESSARY,	308	9879	12431	2552
			+	PLEASE CHECK FOR CLAIM ON	308	96/9	12431	2332
				FUTURE RA'S.				
	+	0.4	428	PROCEDURE CODE, PROCEDURE/MODI	1			
		24	120					
		24	120	FIER COMBINATION OR PROCEDURE				
		24	120					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404921	ORANGE PERSON C	8505	2915	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5312	1590	PRIOR AUTHORIZED DOLLARS EXCEE				
		3312	1390	DED	127	6380	9738	3358
				DED				
		21	612	DUPLICATE OF CLAIM-SYSTEM				
			011	DOLLIGHT OF CHILL DIVIDI				
3404922	THE DURHAM CENT	21	160	DUPLICATE OF CLAIM-SYSTEM				
	ER ER							
	211							
		0	0		0	160	237	7
						100	237	
3404923	VGFW AREA AUTHO	8505	1146	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET	1			
					1			
					1			
		8599	335	DETAIL NOT COVERED BY COMBINAT	12	1728	2847	1118
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	167	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404924	PIEDMONT AREA M	8525	24	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		0	0		0	24	24	(
3404925	SANDHILLS CENTE	8505	583	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	328	FURTHER PROCESSING NECESSARY,	168	1626	4393	276
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	275	DETAIL NOT COVERED BY COMBINAT	ļ			
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.	ļ			
3404926	1	0505	10046	OTATA DENTED DIE MO THOUSENAND	ļ			
J40437p	SOUTHEASTERN RE	8505	10846	CLAIM DENIED DUE TO INSUFFICIE	 			
	G MENTAL HL		1	NT BUDGET	 			
			1		 			
		11	1322	CLIENT NOT ELIGIBLE ON SERVICE	 			
		**	1344	DATE	131	13737	17242	3505
	+				 			
	+				 			
	+	8599	913	DETAIL NOT COVERED BY COMBINAT	 			
				ION OF RECIPIENT, PROVIDER AND	 			
				BENEFIT PACKAGE.	 			
	+	+	1		 		1	
3404927	CUMPERTAND OF M	8505	1455	CLAIM DENIED DUE TO INSUFFICIE	 		1	
	CUMBERLAND CO M HC		1	NT BUDGET	 			
	140		+		 			
					1			-
	+	11	3	CLIENT NOT ELIGIBLE ON SERVICE	0	1463	1507	4
	+		<u> </u>	DATE	0	1463	1507	4
	+	+	1		 		1	
	+	+	1		 		1	
	+	8599	3	DETAIL NOT COVERED BY COMBINAT	 			
			1	ION OF RECIPIENT, PROVIDER AND	1			
	+	-	+	BENEFIT PACKAGE.	-			

DROUTDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
PROVIDER NUMBER			NUMBER OF	DECONTRETON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	V DD 112 DAVIDOR AND /	21	292	DUPLICATE OF CLAIM-SYSTEM				
3404323	LEE HARNETT MH/	21	2.92	DOFBICATE OF CDAIN-3131BM				
	DD/SAS							
		8599	145	DETAIL NOT COVERED BY COMBINAT		697	1591	894
				ION OF RECIPIENT, PROVIDER AND		037	1591	039
				BENEFIT PACKAGE.				
		8517	112	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY	8599	20	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	1	DUPLICATE OF CLAIM-SYSTEM		1 22	873	851
		0001	1.	21/00/20 20/0				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE			ļ	ļ
				RVICES IN IPRS.			ļ	ļ
	1		1			1	-	-
2404921	1	0505	7	CLAIM DENIED DUE TO INSUFFICIE		1	-	-
3404931	WAKE CO HUM SVC	8505	,	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET		1	-	-
	BILLING OF			MI DODGEI			-	-
		23	1	SERVICE REQUIRES PRIOR APPROVA			8	_
		23	1	T.		8	8	
				-				
3404932	RANDOLPH/SANDHI	8505	586	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C			NT BUDGET				
	DES CO MIT C							
		8599	120	DETAIL NOT COVERED BY COMBINAT	9:	1086	1825	739
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		21	91	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT	8505	2328	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8000	177	NO RATE AVAILABLE ON FILE TO P	8:	2972	5683	2711
				RICE THIS CLAIM DETAIL				
		9900	166	PURBURA DROCEGOTAS APORCOS PU			ļ	ļ
	1	8800	166	FURTHER PROCESSING NECESSARY,		1		-
	1		1	PLEASE CHECK FOR CLAIM ON		1		-
	1		1	FUTURE RA'S.		1		-
2404024		11	107	CLIPME NOR PLICIPLE ON CERTIFIE		1	—	ļ
3404934	ONSLOW COUNTY B	11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE		1	—	ļ
	EHAVIORAL H			2002			 	-
							 	-
		8599	73	DETAIL NOT COVERED BY COMBINAT				
			1.5	ION OF RECIPIENT, PROVIDER AND	-	387	1713	1310
				BENEFIT PACKAGE.				-
	+		1			1	 	1
	+	21	70	DUPLICATE OF CLAIM-SYSTEM		1	 	1
	1		1			1	1	
							 	
	+		1	+		1	 	1
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***		1	1	
	HEALTH CTR		1			1	1	
	HEADIN CIR		+				 	-
				+			 	
	+	0	0			0	0	
		-				,		

PROVIDER		UZOU BRITAN		-			TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
				CLAIM DENIED DUE TO INSUFFICIE				
3404936	WILSON-GREENE M	8505	923					
	ENTAL HEALT			NT BUDGET				
		21	174	DUPLICATE OF CLAIM-SYSTEM				
		21	1/4	DOFBICATE OF CDAIM-SISIEM	57	1224	2952	1728
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	22	RVICES IN IPRS.				
				NY TODO IN TINO.				
	_							
3404937	DRODONING VILOU	8505	710	CLAIM DENIED DUE TO INSUFFICIE				
2404337	EDGECOMBE NASH			NT BUDGET				
	MNTL HLTH C			11 202021				
		21	341	DUPLICATE OF CLAIM-SYSTEM	50	1729	5080	3351
			311	Dollardilla di Cantin dibilati	50	1/29	5080	3351
	+							
			1					
		8599	255	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
			1	BENEFIT PACKAGE.				
			1	- A A A A A A A A A A A A A A A A A A A				
3404938	D.T.I.P.D.C.B.O.V.P. LARRING	8599	680	DETAIL NOT COVERED BY COMBINAT				
3404330	RIVERSTONE MENT AL HEALTH C	0000	000	ION OF RECIPIENT, PROVIDER AND				
	AL HEALTH C			BENEFIT PACKAGE.				
				DENELLI LIGATORI.				
		24	166	PROCEDURE CODE, PROCEDURE/MODI	215	1676	4679	3003
			100	FIER COMBINATION OR PROCEDURE	213	16/6	46/9	3003
				CODE/TYPE OF SERVICE COMBINATI				
				CODE, TITE OF CHAPTOR CONDITITE				
	_	120	139	CLIENT ID NUMBER MISSING OR IN				
		220	133	VALID ENTER CID AND SUBMIT				
	_			AS A NEW CLAIM				
				11 11 11 11 11 11 11 11 11 11 11 11 11				
3404939		8326	535	ATTENDING PROVIDER NUMBER IS R				
3404939	NEUSE MENTAL HE	0320	555	EQUIRED WHEN BILLED WITH GROUP				
	ALTH CENTER			NUMBER. ADD ATTENDING NUMBER A				
	_			NONDER: IND III IERDING NONDER II				
		8505	80	CLAIM DENIED DUE TO INSUFFICIE		507	740	53
	_	0303		NT BUDGET	U	687	740	5.5
				NI BUDGET				
	_							
		8800	36	FURTHER PROCESSING NECESSARY,				
		0000	30	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
			1	LOTONE IN O.				
3404941	name oo Milania	8599	368	DETAIL NOT COVERED BY COMBINAT				-
	PITT CO MH/DD/S AS CENTER		- 50	ION OF RECIPIENT, PROVIDER AND				
	AS CENTER		1	BENEFIT PACKAGE.				
	+	1	1					-
		120	337	CLIENT ID NUMBER MISSING OR IN				100-
	+	+	1	VALID. ENTER CID AND SUBMIT	189	1474	5497	4023
			1	AS A NEW CLAIM				
			1					-
	+	143	143	CLIENT ID NUMBER NOT ON STATE				
		1		ELIGIBILITY FILE				-
			1	DESCRIPTION OF THE STREET				-
								1
3404942	DOWNER CHANNE	8505	312	CLAIM DENIED DIE TO INCHESTOR				
3404942	ROANOKE CHOWANH	8505	312	CLAIM DENIED DUE TO INSUFFICIE				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	312	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404942		8505	312					
3404942				NT BUDGET				
3404942		8505 8599	312	NT BUDGET DETAIL NOT COVERED BY COMBINAT	32	678	2194	1516
3404942				NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	32	678	2194	1516
3404942				NT BUDGET DETAIL NOT COVERED BY COMBINAT	32	678	2194	1516
3404942		8599	142	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	32	678	2194	1516
3404942				NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS OR SERVICE INVALID F	32	678	2194	1516
3404942		8599	142	NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.	32	678	2194	1516

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	538	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8505	169	CLAIM DENIED DUE TO INSUFFICIE	96	998	3551	2485
				NT BUDGET				
		8931	57	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404044		0505	2052	OVANUA DRIVADO DUO DO ANGUIDINAMO				
3404944	EASTPOINTE HUMA	8505	2063	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	N SERVICES			NT BUDGET				
		8599	227	DETAIL NOT COVERED BY COMBINAT				
		0399	221	ION OF RECIPIENT, PROVIDER AND	242	3058	6538	3463
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		21	163	DUPLICATE OF CLAIM-SYSTEM	1			
-		21	103	DOUBLOADE OF CLAIM-SISIEM	-			
		1	1	+	 			
-		+	+		-			
3404946		8544	1332	CLAIM DENIED DUE TO INVALID FR				
3404946	FOOTHILLS AREAM	0344	1332	OM DATE OF SERVICE				
	ENTAL HEALT			OM DATE OF SERVICE				
		21	894	BUDI YOURD OF OVERTHE OHORDING				
		21	894	DUPLICATE OF CLAIM-SYSTEM	213	2942	6953	4011
		143	214	CLIENT ID NUMBER NOT ON STATE				
	-	113	214	ELIGIBILITY FILE				
				EDIGIBILIT FIRE				
3404957		8505	782	CLAIM DENIED DUE TO INSUFFICIE				
3404937	TIDELAND MENTAL	0303	702	NT BUDGET				
	HEALTH CTR		-	N1 D0D0D1				
		8599	54	DETAIL NOT COVERED BY COMBINAT	80	953	1200	446
		0333	J.	ION OF RECIPIENT, PROVIDER AND	80	953	1399	446
			-	BENEFIT PACKAGE.				
		8931	31	AMTNC INELIGIBLE TO RECEIVE SE				
	+	+	1	RVICES IN IPRS.	 			
		1	+		1			
		1	+		1			
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***	1			
	TAL HLTH CT	1	+		1			
	IAL BLIB CT	+	+	+	 		1	
		1	+		1			
		0	0		0	0	0	_
	+	1	+	+	0	0	0	0
		+	1		<u> </u>			
3404979	NEW RIVER AREAM	8505	6879	CLAIM DENIED DUE TO INSUFFICIE	1			
	H/DD/SA PRO	- · · ·	1	NT BUDGET	<u> </u>			
	, DD/ SR ERU	1	+	1	1			
		+	1		<u> </u>			
 	+	8800	1235	FURTHER PROCESSING NECESSARY,	30	8501	9031	530
	+	1	1	PLEASE CHECK FOR CLAIM ON	30	8501	9031	330
					1	l	1	
				FUTURE RA'S.				
				FUTURE RA'S.				
		11	242	FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE				